

PART B - FEE(S) TRANSMITTAL

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_____ (Applicant's name)
_____ (Signature)
_____ (Date)

NOVOZYMES NORTH AMERICA, INC.
 500 FIFTH AVENUE
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 NEW YORK, NY 10110

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/591,796	09/20/2006	Allen Kim Nielsen	105762/04-115	1316
TITLE OF INVENTION: MUTATED PROKARYOTIC CELLS WITH HIGH SECRETION LEVELS				

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/28/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
GENKEYEYU, KACINIEW H	1636	435-000105

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.33):
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Key 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael W. Krenicki
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: (unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11). Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Novozymes A/S

Bagenvard, Denmark

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☐ A check is enclosed
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5012421 (attach an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent of the applicant or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Michael W. Krenicki

Date

1/28/2011

Typed or printed name

Michael W. Krenicki

Registration No.

45,411

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